REQUEST TO REMAIN – SECONDARY

For Bellevue School District Resident Middle & High School Students

STUDENT #

SCANNED _____
UPLOADED _____
ADDRESS _____
T-CODE _____
RES DOCS _____

CURRENT SCHOOL: **SCHOOL YEAR:** 2025-2026

INSTRUCTIONS: Submit this completed form to the Student Placement office by email at **studentplacement@bsd405.org** or in person. You will receive an email notification of the decision to the email address provided.

STUDENT'S LAST NAME | FIRST NAME | DATE OF BIRTH | GRADE LEVEL OF TRANSFER YEAR | ☐ M ☐ F ☐ X GENDER

STREET | APT #

CITY | WA STATE | ZIP

PARENT/GUARDIAN EMAIL ADDRESS | PARENT/GUARDIAN PHONE 1: ☐ HOME ☐ CELL ☐ WORK | PHONE 2: ☐ HOME ☐ CELL ☐ WORK

Reason for Request:

- ☐ Moved out of attendance area — DATE OF MOVE _____ NEW HOME/ATTENDANCE AREA SCHOOL _____
- ☐ Grandfather procedure applies
- ☐ Exited Choice Program or Advanced Learning self-contained services
- ☐ Other _____

For Student Placement use only

I have read and **I understand the following:**

- The family move to a different attendance area must have occurred after the start of 6th or 9th grade.
- Transportation is the responsibility of the parent/guardian for middle school students.
- Once approved a Request to Remain transfer normally continues until the student completes the school level.

Students may have their approval revoked for the following reasons:

a) If it is found that the move to a different attendance area occurred prior to the start of the applicable school year (6th or 9th grade).

PARENT/GUARDIAN OR STUDENT IF OVER 18: *By typing your name you confirm that your name serves as your signature and verifies you agree with the above statements and are authorized to provide this information.*

PLEASE TYPE YOUR COMPLETE NAME AS YOUR SIGNATURE | **DATE**

Information below to be completed only by the Superintendent's Designee

☐ DENIED The family moved to a different attendance area before the start of 6th or 9th grade.

☐ **APPROVED to continue in feeder pattern of current school**

☐ **APPROVED to complete the school level**

☐ **APPROVED for completion of the school year only**

SIGNATURE OF SUPERINTENDENT'S DESIGNEE | **DATE**

☐ **DEPARTMENT REVIEW** **EMAILED** ☐ **PARENT** ☐ **CURRENT SCHOOL** *AA schools*_____/_____/_____